SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the (06/02) form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



1320479

Filing Under (check box(es) that apply	y): [] <u>Rule 504</u> [] <u>Rule 505</u>	[X] <u>Rule 506</u> [] Section 4(6)	[] ULOE
Type of Filing: [X] New Filing []	Amendment		
	A. BASIC IDENTIFICATION D	ATA	
1. Enter the information requested ab	out the issuer		
Name of Issuer ([] check if this is ar	amendment and name has changed, and indicate	change.)	
ADIT CAPITAL MANAGEMENT,	L.P.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (In	cluding Area Code
100 Drake's Landing Road	Greenbrae, California 94904	(415) 461-090	00
Address of Principal Business Operati (if different from Executive Offices)	ons (Number and Street, City, State, Zip Code)	Telephone Number (Inc	cluding Area Code
Brief Description of Business			
			PROC
Brief Description of Business Investment Company Type of Business Organization			PROC
Brief Description of Business	[X] limited partnership, already formed [] limited partnership, to be formed	[] other (please specify):	PROC MAR 1

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

		A. BASIC IDENTI	FICATION DATA		
 Each beneficial own securities of the issues Each executive office 	ne issuer, if the iss ner having the po- uer; cer and director o	uer has been organized wer to vote or dispose, or	rithin the past five years; direct the vote or disposit corporate general and ma		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[X] General and/or Managing Partner
Full Name (Last name first, if	individual)				
Jasper Partners, L.P. Business or Residence Address	(Number and St	reet City State Zin Code			
	(i tumber and on				
100 Drake's Landing Road Check Box(es) that Apply:	[] Promoter	Greenbrae, Califo [] Beneficial Owner	rnia 94904 [] Executive Officer	[] Director	[X] General and/or Managing Partner
Full Name (Last name first, if	individual)	<u></u>			
Smith, Gary A. Business or Residence Address	(Number and Str	reet, City, State, Zip Code	·)		
100 Drake's Landing Road	`	Greenbrae, Califo			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[X] General and/or Managing Partner
Full Name (Last name first, if	ndividual)				
Mitchell III. Robert D Business or Residence Address	(Number and Str	eet, City, State, Zip Code	·)		
100 Drake's Landing Road		Greenbrae, Califo	rnia 94904		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[X] General and/or Managing Partner
Full Name (Last name first, if	ndividual)			•	
Smith, Wayne S. Business or Residence Address	(Number and Str	eet, City, State, Zip Code)		
100 Drake's Landing Road		Greenbrae, Califo	rnia 94904	_	
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if	ndividual)				
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or
					Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				В.	INFORM	ATION A	BOUT OF	FERING				
1. Has t	he issuer so	old, or does	the issuer i	ntend to se	ll, to non-ac	ccredited in	vestors in t	his offering	?			Yes No
								ling under U				
2. What	t is the min	imum inves	tment that	will be acce	pted from	any individ	ual?	,.	*******			. \$ <u>250,000.0</u>
,												Yes No
				-								. [X] []
remuner agent of	ation for so	olicitation of or dealer re	f purchaser gistered wi	s in connect th the SEC	tion with sa and/or wi	iles of secu th a state o	rities in the or states, lis	offering. I	f a person t of the brol	o be listed i ker or deale	is an associ er. If more	ion or simila ated person of than five (5
Full Nar	ne (Last na	me first, if	individual)									
None_												
Busines	s or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)						
Name of	f Associated	d Broker or	Dealer									
States in	Which Per	rson Listed	Has Solicit	ed or Inten	ds to Solicit	Purchasers	s:					
(Check	'All States'	or check is	ndividual S	tates)							[] All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[NM] [OK] [WI]	[MS] [OR]	[MO] [PA]
[RI] Full Nar	[SC] ————————————————————————————————————	[SD]	[TN] individual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV] ———	[AA 1]	[WY]	[PR]
		, , ,										
Business	s or Reside	nce Address	s (Number :	and Street,	City, State,	Zip Code)						
Name of	Associated	d Broker or	Dealer				<u> </u>			<u> </u>	=	
States in	Which Per	son Listed	Has Solicit	ed or Inten	Is to Solicit	Purchasers	S:					
(Check '	'All States'	or check is	ndividual S	tates)							[] All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[NM]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Nar	ne (Last na	me first, if	individual)									
Business	or Reside	nce Address	s (Number	and Street,	City, State,	Zip Code)						
Name of	Associated	l Broker or	Dealer									
			Has Solicit									
(Check '	'All States'	or check in	ndividual S	tates)					***************************************		[] All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [NM] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering,				
	check this box □ and indicate in the columns below the amounts of the securities offered for				
	exchange and already exchanged.				
		Aggrega			Amount
	Type of Security	Offering P	rice		Already Sold
	Debt			\$	0
	Equity			\$ _	0
	[] Common [] Preferred	0			0
	Convertible Securities (including warrants)			\$ _	0
	Partnership Interests		<u> </u>	\$ _	2,115,000
	Other (Specify)	\$ <u>0</u> \$ 100,000,0	200	} _	2,115,000
	10:41	3 100,000,0	<u> </u>	\$ _	2,115,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
		Number		Г	Pollar Amount
		Investors			of Purchases
	Accredited Investors	8	\$		2,115,000
	Non-accredited Investors	0	- \$		0
	·		_ `		
	Total (for filings under Rule 504 only)	0	\$		0
			_		
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	to the first sale of securities in this offering. Classify securities by type fisted in Fair C - Question 1.			г	Oollar Amount
		Type of			Sold
	Type of Offering	Security			Joid
	Rule 505		\$		
	Regulation A		- š		
	Rule 504		- š		
	Total		- š		
			_ *		
4.2	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	TO A A A B				
	Transfer Agent's Fees			<u>\$</u> _	0.00
	Printing and Engraving Costs			\$ _	1,000.00
	Legal Fees			\$ _	20,000.00
	Accounting Fees			\$ _	0.00
	Engineering Fees			<u>\$</u> _	0.00
	Sales Commissions (Specify finders' fees separately)			<u>"</u> —	0.00
	Other Expenses (identify)			<u>*</u> _	0.00
	Total		[X]	\$ _	21,000.00
t	Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		5	ŝ	99,979,000
			•	_	, ,
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b				
	above.	n .			
		Payments to			
		Officers,			Dogwes and The
		Directors &			Payments To
	Salaries and Fees	Affiliates 0.00	rı	•	Others 0.00
	Salaries and Fees	0.00	_ []	Ψ -	0.00
	Purchase of real estate	0.00	[]	\$	0.00
	I desired on total country	0.00		* -	V.00
	Purchase, rental or leasing and installation of machinery				
	and equipment[]\$	0.00	[]	\$	0.00
				_	

C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

			Payments to Officers, Directors & Affiliates		Payments To Others
Construction or leasing of plant buildings and	facilities	[]\$_	0.00	[]\$	0.00
Acquisition of other businesses (including the involved in this offering that may be used in expectations of the control of th	change for the	r 1 e	0.00	rie	0.00
assets or securities of another issuer pursuant t	o a merger	() a _	0.00	[]\$_	0.00
Repayment of indebtedness		[]\$_	0.00	[]\$_	0.00
Working capital		[]\$_	0.00	[]\$	0.00
Other (specify)To Purchase Uranium a	and Securities	[X]\$ _	99,979,000	[]\$_	0.00
	** ************************************				
		[]\$_	0.00	[]\$_	0.00
Column Totals		[X]\$ _	99,979,000	[]\$_	0.00
Total Payments Listed (column totals added)			[X] \$99,	979,000	_
	D. FEDERAL SIGNATURE		·		
The issuer has duly caused this notice to be signed by following signature constitutes an undertaking by the is its staff, the information furnished by the issuer to any rules [Issuer (Print or Type)]	ssuer to furnish to the U.S. Securitie	s and Exc	hange Commission	n, upon wr	Rule 505, the itten request of
ADIT CAPITAL MANAGEMENT, L.P.	1/WM-1/1	1	$N \cup N$	February	, 28, 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
Wayne S. Smith	Chief Financial Officer of General	ral Partne	er		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule? [] [X] See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) ADIT CAPITAL MANAGEMENT, L.P.	Signafüre MAW	Date February 29, 2005
Name of Signer (Print or Type) Wayne S. Smith	Title of Signer (Print of Type) Chief Financial Officer of General Partner	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend in non-accinvestors	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1) Type of Investor and amount purchased in State (Part C-Item 2)		Type of Investor and				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ		-					-		
AR									
CA		Х	Limited Partnership Interest	2	\$280,000	0	0		х
СО							<u> </u>		
СТ	<u> </u>								
DE									
DC									
FL			-	-				-	
GA									
ні									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
МІ									
MN									
MS									
мо									
МТ									
NE									
NV									
NH									

APPENDIX

1		2	3	· ·		4	<u></u>		5
	Intend non-ac investor	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of Investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NJ									
NM									
NY									
NC									
ND									
ОН									
ок	_								
OR		х	Limited Partnership Interest	2	\$435,000	0	0		Х
PA									
RI									
sc			_			<u>.</u>			
SD									
TN									
TX		х	Limited Partnership Interest	1	\$250,000	0	0		Х
UT									
VT									
VA		х	Limited Partnership Interest	1	\$50,000	0	0		х
WA									
wv			,						
wı									
WY									
PR									
Grand Caymans		х	Limited Partnership Interest	1	\$1,000,000	0	0		х
Hong Kong		х	Limited Partnership Interest	1	\$100,000	0	0		х